DOCUMENT # P00000055667 **FILED** Jan 09, 2001 8:00 am Secretary of State PROAD VISUAL COMMUNICATIONS, INC. 01-09-2001 90021 039 ***150.00 Principal Place of Business Mailing Address 1458 SOUTH FEDERAL HIGHWAY 1253 SOUTHEAST 2 TERRACE DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable Country \$8.75 Additional Ζiρ Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** Zip Code City FI 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PRESIDENT, TREASURERE PAULO ROPRIGUES 1458 S. PEDERAL HWY CR2E034 (10/00) Change ☐ Addition **PSD** Delete TITLE MAIA, JOAO NAME **a**iji NAME 1458 SOUTH FEDERAL HIGHWAY STREET ADDRESS STREET ADDRESS DEERPIELD BEACH FL 33441 CITY-ST-ZIP DEERFIELD BEACH FL 33441 CITY-ST-ZIP VICE PRESIDENT **Change** ☐ Addition Delete TITI F RODRIGUES, PAULO NAME NAME STREET ADDRESS STREET ADDRESS 1458 SOUTH FEDERAL HIGHWAY 37441 CITY-ST-ZIP DEERFIELD BEACH FL 33441 CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS **■**.## CITY-ST-ZIP CITY-ST-ZIF ≣... ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP g does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information faccurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this filing **=**:----indicated on this report or supplemental report is true an of the corporation or the receiver or justee empowered changed, or on an attachment wit the like empowered. ≣ ∷

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SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR